| PATENT APPLICATION FEE DETERMINATION RECORD  Efficien of Cocket Number  1950/834 |   |   |   |   |                  |                          |         |                     |                         |            |                     |                        |     |
|--|---|---|---|---|------------------|--------------------------|---------|---------------------|-------------------------|------------|---------------------|------------------------|-----|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                                   |   |   |   |   |                  |                          |         | SMALL EI            | VIIIY                   | OR         |                     | THAN<br>ENTITY         |     |
| TO   | TAL CLAIMS  | 3   |   |   |                  |                          |         | RATE                | FEE                     |            | RATE                | FEE                    |     |
| FOR  |   |   | NUMBER FILED N  |   |                  | UMBER EXTRA              |         | BASIC FEE           | <b>835</b>              | OR         | BASIC FEE           |                        |     |
| TOTAL CHARGEABLE CLAIMS  |   |   | 52  | 52 minus 20 = .                                 |                  | 32                       |         | X\$9=               | 288                     | OR         | X \$ 18 =           |                        |     |
| INDEPENDENT CLAIMS   |   |   | /D minus 3 = .  |   |                  | 7                        | 1       | X\$440              | 301                     | OR         | X\$88=              |                        |     |
| MUL  | TIPLE DEPENI  | DENT CLAIM P                                    | ESENT .   |   |                  |                          |         | + \$ 150 =          |                         | OR         | +\$300=             |                        |     |
| • If   | the difference  | in column 1 is                                  |   | TOTAL   |                  | OR                       | TOTAL   |                     |                         |            |                     |                        |     |
| CLAIMS AS AMENDED - PART (I (Cotumn 3)   |   |   |   |   |                  |                          |         | SMALL               | ENTITY                  | OR         | OTHER<br>SMALL      |                        |     |
| AMENDMENT A  | 7/24/05   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT       |   | HIGHE<br>NUMB<br>PREVIOUS<br>PAID F             | ER<br>USLY       | PRESENT<br>EXTRA         |         | RATE                | ADDI-<br>TIONAL-<br>FEE |            | RATE                | ADOI-<br>TIONAL<br>FEE |     |
|  | Total   | · 59  | Minus   | -56   | 2                | -                        |         | X\$9                |                         | PR         | X \$ 18             |                        |     |
|  | independent   | . 10  | Minus   | -10   | )                | ٥                        |         | X\$44=              |                         | gk         | X\$88=              |                        |     |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |   |   |                  |                          |         | <b>+ \$ 150 =</b>   |                         | OR         | +\$300=             |                        |     |
| - 10 27  |   |   |   |   |                  |                          |         | ADDIT. FEE          |                         | OR         | YOTAL<br>ADDIT, FEE |                        |     |
| AMENDMENT B  | -0-91-<br>100/5313  | (Column 1)  CLAIMS  REMAINING  AFTER  AMENDMENT |   | (Column<br>HIGHE<br>HEARE<br>PREVIOUS<br>PAID F | ST<br>ER<br>USLY | (Column 3) PRESENT EXTRA |         | RATE \              | ADDI-<br>TIONAL<br>FEE  |            | RATE                | ADDI-<br>TIONAL<br>FEE |     |
|  | Total   | ·52   | Minus   | <b>-</b> 5                                      | Q                | • _                      |         | X\$9=               |                         | OR         | X \$ 18 +           | ·                      |     |
|  | Independent   | .10   | Minus   | -10   | 5                | . —                      |         | X\$44=              |                         | <b>O</b> R | X \$ 88 =           |                        |     |
|  | FIRST PRESE   | NTATION OF I                                    | QUITIPLE DEP  | E DEPENDENT CLAIM                               |                  |                          |         | + \$ 150 =          |                         | OR         | + \$ 300 =          |                        |     |
| (Column 1) (Column 2) (Column 3)   |   |   |   |   |                  |                          |         |                     |                         |            |                     |                        |     |
| 410  |   | CLAIMS<br>REMAINING<br>APTER<br>AMENDMENT       |   | HIGHE<br>NUMB<br>PREVIOU<br>PAID F              | ER<br>USLY       | PRESENT<br>EXTRA         |         | RATE '              | ADDI-<br>TIONAL<br>FEE  |            | RATE                | ADDI-<br>TIONAL<br>FEE | ردد |
| DME  | Total ·   | •   | Minus   | ••  | •                | a                        |         | X\$9≈               |                         | OR         | X\$1B=              |                        | •   |
| AMENDMENT  | Independent   | •   | Minus   | •••   | •                | s                        |         | X \$ 44 =           |                         | OR         | X \$ 88 =           |                        |     |
| ·  | FIRST PRESENTATION OF MARTIPLE DEPENDENT CLAIM  |   |   |   |                  |                          |         | + \$ 150 =          |                         | OR         | + \$ 300 =          |                        |     |
| •  | If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Horizot Mumber Previously Paid For" oil This SPACE is less than "20", enter "20". |   |   |   |                  |                          |         | YOTAL<br>ADDIT. FEE |                         | OR         | YOTAL<br>ADDIT, FEE |                        |     |
| ŀ  | If the "Highest Nu  | imber Previously I                              | Paid For GETHUS<br>Paid For GETHUS<br>aid For (Total or t | SPACE is 18                                     | ISS CHAR         | T, enter T.              | ound in | the appropriate     | e bax in cobr           | nn 1.      |                     |                        |     |